

Entered - 4-4-01- sb
CL - 01L0215 ALEXIS HOLMES

01-*L*-1559

CLAIM OF: **MARY M. CUCICH**
4530 Peachtree Dunwoody Road
Atlanta, Georgia 30342

For vehicular damages alleged to have been sustained as a result of a leaning traffic sign scratching her vehicle on February 16, 2001 at 4501 Wieuca Road, NE.

THIS ADVERSE REPORT IS APPROVED

BY: *Rosalind Rubens Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *Robert J. Gray DCA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0215

Date: 9/14/01

Claimant /Victim MARY M. CUCICH

BY: (Atty) _____

Address: 4530 Peachtree Dunwoody Road Atlanta, Georgia 30342

Subrogation: _____ Claim for Property damage \$ 830.85 Bodily Injury \$ _____

Date of Notice: 3/26/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 2/16/01 Place: 4501 Wieuca Road, NE

Department Public Works Division: Traffic and Transportation

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she sustained vehicular damages when a City traffic sign fell and scratched the right fender and hood of her vehicle. It was determined in an investigation that the City had no record of complaints or requests to have the sign repaired or removed from the street prior to the incident involving the claimant. The City has taken steps to have the defect repaired.

INVESTIGATION:

Statements: City employee X Claimant X Other X Written X Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

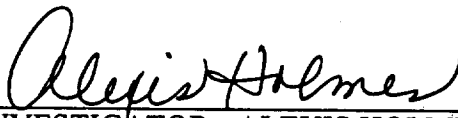
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-14-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/09/2001

Dear Municipal Clerk:

ENTERED - 4-4-01 - SB
01L0215 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ Estimates attached property and/or \$ NONE bodily injury for which I contend the City is liable.

1. Date of incident: 2/16/01 Friday 2. Time of Incident: 3:45 PM 3. Police called: Yes ☒ No ☐
4. Location of incident (including street address): Wieuca Rd Atlanta Ga.
5. Name of your insurance company: INSURAMERICA Corp. Policy No. 42-474-712-00
6. State what and how incident occurred: DRIVING ON Wieuca Rd Toward Roswell Rd. Just past W. Wieuca Rd. a leaning traffic sign fell on the right fender + Hood of my car - leaving scratches, which I am told will rust unless painted. Some scratches rubbed out but some did not. The car following me stopped and straightened the sign back up. It is still bent
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cadillac Deville 1992 268XHL Mary M. Cucich
(Make) (Year) (Tag Number) (Driver's Name)

NO TRAFFIC Sign NA NA
City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: NA
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Mary M. Cucich
(Print Claimant's Name)
4530 Pree Dunwoody Rd.
(Address)
Atlanta, Ga. 30342
(City, State and Zip Code)

404/237-9276 404/237-3911
(Work Number) (Home Number)

01-R -1559